## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/01/13	Address:	C.R. 60 SW NEAR C.R 500S
Incident #:	13/9926		GREENSBURG, IN
County:	DECATUR		47240
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	<b>l: Location</b> (bedroom, kitchen, open air, o apply) or Birch Reaction(s):	etc)	
Red Phos	phorous/Iodine Reaction(s):		
☐ Hydrochloric Acid Gas Generator(s): X2 DITCH			
Flammab	le Solvents:		
☐ Water Re	active Metal (Lithium):		
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive	Base:		
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ∑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring:	tions of home: clean disarray
This report l	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:
Health Depar	tent City, Township or County <u>L.V.F.I</u> tment County: <u>D.C.H.D.</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: EMA	
	ormation regarding this methamphetan Officer: CHIP AYERS Phon	nine laboratory, cont e <u>317.234.4591</u>	act

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.